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1. File Number U - <u>7220</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Morris</u> <u>D</u> <u>Smith</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>5311 Timber Creek Circle</u> City <u>North Little Rock</u> State <u>Arkansas</u> ZIP Code + 4 <u></u>	4. Name, file number, and address of labor organization. Name <u>Plumbers & Pipefitters Local Union #155</u> Labor Organization File Number <u>042317</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1223 West Markham</u> City <u>Little Rock</u> State <u>Arkansas</u> ZIP Code + 4 <u>72201</u>
5. Position in labor organization. <u>Examining Committee Member</u>	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

(501) 562-4482

Telephone Number

Name of Person Filing Morris Smith	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="Arkansas Pipe Trades Health & Welfare Fund"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="1300 South Meridian, Suite 200"/></p> <p>City <input style="width: 80%;" type="text" value="Oklahoma City"/></p> <p>State <input style="width: 20%;" type="text" value="Oklahoma"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="73108"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Arkansas Pipe Trades Health & Welfare Fund"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="1300 South Meridian, Suite 200"/></p> <p>City <input style="width: 80%;" type="text" value="Oklahoma City"/></p> <p>State <input style="width: 20%;" type="text" value="Oklahoma"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="73108"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>International Foundation Conference as Trustee - New Orleans Louisiana - 11/30/2004-12/04/2004</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 100%;" type="text" value="\$3,493"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/></p>